Have a say in the services we provide

Patient representative group

Thank you.

Please note that no medical information or questions will be responded to.

The information you supply us will be used lawfully, in accordance with the Data Protection Act, 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.
Contact form

If you are happy to be part of the patient representative group please complete the form below and return it to the practice by: (date) ..........................................................

The following information will help to ensure we speak to a representative sample of the patients registered at this practice.

Are you?

☐ Male    ☐ Female

Age:

☐ Under 16  ☐ 17 - 24  ☐ 25 – 34  ☐ 35 – 44  ☐ 45 – 54
☐ 55 – 64  ☐ 65 – 74  ☐ 75 - 84  ☐ Over 84

Which ethnic background do you represent?

White

☐ British group    ☐ Irish

Mixed

☐ White & Black Caribbean  ☐ White & Black African  ☐ White & Asian

Asian or Asian British

☐ Indian  ☐ Pakistani  ☐ Bangladeshi

Black or Black British

☐ Caribbean  ☐ African

Chinese or other ethnic group

☐ Chinese  ☐ Any other

Name: ...............................................................................................................................................................................

Address: ......................................................................................................................................................................

.................................................................................................................................................................................................

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............................................................................................

Postcode: ........................................................................

Email address (if applicable): ............................................................................................................................

Please complete the final section overleaf.

Patient representative group

We are creating a group to help improve our services. Would you like to be involved?

Frequently asked questions

Q Why are you asking people for their contact details?
A We want to talk to people about the surgery and how well we are doing to identify areas for improvement.

Q Will my doctor see this information?
A No. It is purely to contact patients to ask them questions about the surgery and how well we are doing. Your doctor will only see the overall results.

Q Will the questions you ask me be medical or personal?
A General questions about the practice, how we are proving services and what we can do to improve them.

Q Who else will be able to access my contact details?
A No one beyond the practice.

Q How often will you contact me?
A Not very often: .................... times a month/year.

Q What is a patient representative group?
A It is a group of volunteer patients who are involved in shaping the services to patients.

Q Do I have to take part in the group?
A No, but if you change your mind, please let us know.

Q What if I no longer wish to be on the contact list or I leave the surgery?
A We will ask you to let us know if you do not wish to receive further messages.

Q Who do I contact if I have further questions?
A Practice lead/contact: ..................................................................................................................

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